

**Children's Mental Health Waiver
Environmental Modification and Adaptive Devices Checklist**

Step	By	Description
1	IDT *	Discusses the child/youth's need for an environmental modification or adaptive device. **
2	Case Manager	Obtains a <i>signed statement</i> from the mental health professional on the team <i>verifying the need for the modification/device and the relationship to the child/youth's diagnosis and goal(s) in the service plan. This statement is maintained in the case file.</i> ** The case manager makes the final determination on 'medical necessity' of the modification/device. (Reminder: Medicaid Waiver is intended to be payer of last resort and will pay what is minimally acceptable.)
3	Any member of the IDT	Obtains binding contract bid(s) from qualified providers. *** It is recommended that three binding contract bids be obtained, whenever possible. (Note: these are <i>binding contracts</i> , not estimates. Binding contracts should contain the following information: description of the work to be performed, cost of both the materials and labor, time frame for work completion, copy of the enrolled provider/ contractor's liability and worker's compensation insurance).
4	IDT	Chooses one binding contract.
5	Case Manager	Maintains the binding contract information in the case file, including all of the original bids.
6	Case Manager	Sends a notice of decision (NOD) to the selected provider with the agreement to accept their bid. NOD should list the total amount of the modification/device and time frame agreed upon for completion of the work.
7	Provider	Delivers modification/device and notifies case manager upon completion of the work. Maintains documentation to support all expenses.
8	Case Manager	Confirms with the youth/family that work has been satisfactorily delivered/completed.
9	Case Manager	Enters the <i>entire</i> amount of the agreed upon modification/device into ISIS with one unit of service. Enters the effective date as the month in which the work was completed. (E.G. Device \$3750.00 Date delivered/installed 9/16/06. ISIS entries: Begin Date: 9/1/06. End date 9/30/06. Monthly Total: \$3750.00. Unit: 1). An error message may occur stating that the services are over the monthly cap. This will not allow the service plan to be authorized in ISIS.
10	Case Manager	If error message is received, case manager requests an "override" on the Quality Assurance form and submits to the ISIS Help Desk. The ISIS Help Desk will forward the request to CMH Waiver Program Manager.
11	Case Manager	<p>Accrues (<i>outside of ISIS</i>) the cost of the Environmental Modification/Adaptive device (EMAD) over the child/youth's future service months until it is "paid off." This is known as the EMAD "Annual" period. **** <i>This information is maintained in the case file.</i></p> <p>(E.G. The first modification/device was approved in ISIS on Sept. 1, 2006. The entire cost of the modification must be encumbered during the 12 month "Annual" period from Sept. 1,'06 to August 31,'07. The "Annual" period for this child/youth's modification/ device dollars will be from September to August each subsequent year. The total amount of the EMAD is \$3750.00. If the CM prorates \$500.00 a month, it will take 8 months to encumber the entire cost of the modification/ device. During this time, (Sept. through April), the child/youth will have \$1318.00 per month to use on other services and still remain below the \$1818.00 waiver level of care service cap. Should this child/youth need another EMAD during this <i>same</i> "Annual" period, he/she will have \$2250.00 remaining, of the total \$6000 available, which must be encumbered using the same method as above within the current annual period.)</p> <p><i>An optional tracking tool has been developed for CM use. See EMAD Tracking Spreadsheet.xls</i></p>

Step	By	Description
12	Case Manager	Notifies the provider of authorization to bill. (May print and send the ISIS NOD showing the authorized modification/device. Or cut and paste the individual provider information from the ISIS NOD to case manager's own NOD form.) Sends notice to the provider to ensure they have the necessary billing information regarding service procedure code, rate, unit, and effective date information.
13	Provider	Submits claim to IME for the entire amount of the modification/device with the delivery/completion date. (E.G. Procedure code: W3245. Description: Environmental modification/adaptive device. First Date: 9/01/06. Last Date: 9/30/06. Provider rate: \$3750.00. Units: 1. Total Charges: \$3750.00

- * IAC 441-83.121(249A) **IDT – Interdisciplinary Team:** Child/youth, the child/youth's family, persons of varied professional and non professional backgrounds with knowledge of the child/youth's needs, as designated by the child/youth and the child/youth's family, who meet to develop a service plan based on the individualized needs of the child/youth.
- ** IAC 441-78.52(2) *Environmental modifications and adaptive devices (EMAD).*
- Environmental modifications and adaptive devices include items installed or used within the consumer's home that address specific, documented health, mental health, or safety concerns.
 - A unit of service is one modification or device.
 - For each unit of service provided, the case manager shall maintain in the consumer's case file a signed statement from a mental health professional on the consumer's interdisciplinary team that the service has a direct relationship to the consumer's diagnosis of serious emotional disturbance.***
- *** IAC 441-77.46(2) Environmental modification, adaptive device providers
The following agencies may enroll with Iowa Medicaid Enterprise to provide environmental modifications and adaptive devices under the children's mental health waiver:
- A community business that:
 - Possesses all necessary licenses and permits to operate in conformity with federal, state, and local statutes and regulations, including Iowa Code chapter 490; *and*
 - Submits verification of current liability and workers' compensation insurance.
- **** ***The "Annual" period*** for the EMAD service will start with the authorization of the very *first* modification or device and continue 12 months. The child/youth has up to \$6000.00 per annual period to utilize towards purchase of necessary modifications or devices. The case manager must track a prorated amount on a monthly basis over a period of *up to 12* months until the modification/device is paid off. The prorated amount of the modification/device (+) plus monthly cost of all other services combined must remain below the monthly level of care cap of \$1818.00.